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APPLICANTS

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	401	10/97
TYPIST	gnt	4-10-97
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

### INDEX OF CLAIMS

Claim	Final	Original	Date
1	2	12	12/97
2	3	13	13/97
3	4	14	14/97
4	5	15	15/97
5	6	16	16/97
6	7	17	17/97
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26	27	37	37/97
27	28	38	38/97
28	29	39	39/97
29	30	40	40/97
30	31	41	41/97
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32	33	43	43/97
33	34	44	44/97
34	35	45	45/97
35	36	46	46/97
36	37	47	47/97
37	38	48	48/97
38	39	49	49/97
39	40	50	50/97

SYMBOLS

✓ Rejected  
 - Allowed  
 (Through numeral) Canceled  
 + Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Final	Original	Date
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